

**REVOCATION OF POWER OF
ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	10/089,005
Filing Date	August 3, 2002
First Named Inventor	Roger Clifford
Group Art Unit	2632
Examiner Name	UNKNOWN
Attorney Docket Number	31229-186399

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☐ A Power of Attorney or Authorization of Agent is submitted herewith.**OR**☒ Please change the correspondence address for the above-identified application to:☒ Customer Number **OR****26694**

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☐ Firm or
Individual Name

VENABLE

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Address

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Washington

Country

U.S.A.

State

D.C.

ZIP

20043-9998

Telephone

(202) 962-4800

Fax

(202) 962-8300

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
*Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Name

Roger Clifford

Signature

Date

3 APRIL 2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required, see below*.☒ *Total of 3 forms are submitted.

SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PC Docs No. 427089

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Country	U.S.A.	State	D.C.	ZIP	20043-9998
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Name John Foster

Signature 

Date 1/4/03 1 APRIL 2003

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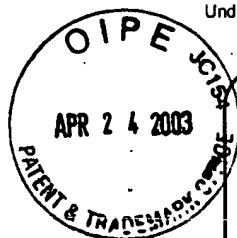
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X Name Matthew Alan Smith

X Signature 

X Date 29/03/03

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